Effect of Substance Abuse Lecture on Baccalaureate Nursing Students’ Attitudes Toward Opioid-Addicted Patients

By

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Thesis

Presented to the Graduate Faculty
In partial Fulfillment of the Requirement
For the Degree
Master of Science with a Major in Nursing
Summer 2016
Abstract

The purpose of this study was to determine the effect of a substance abuse lecture on baccalaureate nursing students’ attitudes toward opioid-addicted patients seeking pain relief. The study used a quasi-experimental design with a pre- and post-survey. A convenience sample of sixteen students from a southern Colorado university participated in the study and completed the "Brief Substance Abuse Attitude Survey" (See Appendix B) before and after a substance abuse lecture (See Appendix C). Results were analyzed using a t-test. A statistically significant (p-value of <0.05) attitudinal change was noted for two of the survey questions (i.e., Question #6, with a p-value of 0.02; and Question #11r.*, with a p-value of 0.03). The ratings reflected in this study are consistent with the overall ambivalence and disparity between attitudes ideally held by nurses and those that are actually present.
Acknowledgements

My heart-felt thanks goes to Dr. Peg Rooney and Dr. Cathy Coram for their devotion and commitment to dutifully serve on my thesis committee. Their guidance, support, and suggestions helped me write and complete this research that will, hopefully, lend some insight for other scholars to build upon. A very special thank you to Carla Flores, who, at the last minute, attended my thesis defense. She had great insight and valuable feedback. I appreciate all that she has done for me in regards to my success on this thesis.

A special thank you for Dr. Richard Carpenter for his contribution in the statistical analysis for this study. His explanations and preparation of the statistics helped guide the design of the results for this paper.

Above all, I would like to devote this thesis to my family: Buba, Tommy, and McKenzie. They have encouraged and comforted me through the hardest, most stressful times, but with prayer, love, commitment, and patience, I would have not been able to fulfill this wonderful accomplishment.

Lastly, thank you God for allowing me to pursue this dream so late in life. You are always faithful, and you have always helped me, on several occasions, to continue to persevere, even when I wanted to through in the towel.
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Chapter I

Introduction

“A stigma is a long-lasting mark of social disgrace that has a profound effect on interactions between the stigmatized and the unstigmatized” (Lloyd, 2013, p. 85). Stigma surrounded specific groups, with “socially discredited health conditions” (Mattoo, Sarkar, Gupta, Nebhinani, Parakh, & Basu, 2015, p. 73), which led to devaluation, rejection, and exclusion by society (Mattoo et al., 2015). Increased attention to social policy and research on the matter of stigma and “problem drug users (PDU)” (Lloyd, 2013, p. 85) uncovered the unique fact that negative stigmatization of PDUs’ led to negative attitudes of nurses. This has become a barrier to appropriate health care and treatment modalities for people with addiction and substance abuse issues (Lloyd, 2013, p. 86). One method to combat nurses’ negative attitudes is to provide optimal educational interventions early in their education.

The highest standard of care recommended by practice guidelines for patients with moderate to severe pain is opioid prescription medications (ARHQ, 2016). Opiates consistently provided the most proven and effective treatment for pain (ARHQ, 2016). The stigma surrounding opioid-addiction has perpetuated negative attitudes of healthcare professionals (Lloyd, 2013). This has led to a reduced quality of care for these patients, and with the oppressive consequences of addiction, drug abuse, and misuse of emergency services have resulted in a decline in patient outcomes (Jamison, Sheehan, Scanlan, Matthews, & Ross, 2014; Palamar, Halkitis, & Kiang, 2013; & Prem, Karvannan, Chakravarthy, Binukumar, Jaykumar, &
Kumar, 2011). Jamison et al., (2014) found that “many physicians prescribing pain medications have little training in this area and may prescribe opioids without any assessment of early signs of risk of medication misuse” (p. 376). The problem is further compounded by the “reluctance of physicians to address the risks of opioid abuse” (p. 376) because of the stigma surrounding substance abuse and addiction, which has caused an increase in negative attitudes toward this group (Jamison et al, 2014). The treatment of chronic pain with opioid medications has increased exponentially in the last ten years, which has led to a comparable increase in abuse of these opioid medications (Jamison et al., 2014). Research indicates that substance abuse is highly stigmatized. This has perpetuated the negative attitudes of health care providers toward this group when they are seeking treatment for chronic pain (Palamar et al., 2013).

Implementing focused, evidence-based pedagogical interventions designed to increase knowledge about addiction and substance abuse have proven effective strategies to improve attitudes toward patients seeking pain relief translating into better care for these patients (Avery, Dixon, Adler, Oslin, Hackman, First, & Siris, 2013). Research has found that “Specialized training and experience may influence attitudes toward different patient subgroups. General health care providers and psychiatrists often feel that they are ill-equipped to care for individuals with substance use disorders and find working with them unrewarding” (Avery et al., 2013, p. 322). Curricular gaps in both medical and nursing educational programs have been identified leading to health care professionals who are “inadequately prepared to care for patients in chronic pain” (Prem et al., 2011, p. 228). The insufficient educational training has led to improper preparation, knowledge, and skill for both nurses and doctors when treating and caring
for this population. This lack of knowledge and skill aptitudes have influenced the development of negative attitudes compounded by the stigma surrounding substance abuse and addiction resulting in poor healthcare for this population (Prem et al., 2011). For this reason, further research is needed to determine the most effective educational strategies that can be used to improve attitudes of health care professionals toward stigmatized groups (Avery et al., 2013).

**Background and Significance of the Problem**

“Misuse and abuse of prescription opioids in the United States constitute a public health crisis that has grown to epidemic proportions over the last decade” (Cobaugh, Gainor, Gaston, Tai, Magnani, Mcpherson, & Krenzelok, 2014, p. 1539). In 2014, drug overdose and prescription drug abuse were identified as “one of the top five health threats” (p. 1539) by the Centers for Disease Control and Prevention (CDC).

Deaths caused by prescription-opioid overdoses have quadrupled to over 600% in the last three decades (Davis, Johnston, & Pierce, 2015). “Heroin-related deaths have likewise increased dramatically, a rise at least partly attributed to prescription opioid users transitioning to heroin, which is less expensive and increasingly more accessible than prescription opioids” (p. e9).

During 1999-2010, there were 46 individuals in America dying every day from opioid prescription overdose, and these deaths have been correlated to the increase in opioid sales (Beauchamp, Winstanley, Ryan, & Lyons, 2014). This epidemic has posed an economic burden of over $630 billion per year for lost productivity related to pain issues, addiction and medical expenses (Jamison et al., 2014).
According to Desai and Chaturvedi (2012), “Inadequate knowledge and practice among nurses were identified and found to negatively affect the care of patients” (p. 162). “The attitudes of the health professionals will influence the treatments provided and hence it is important to be aware of the attitudes of the health professionals” (Desai & Chaturvedi, 2012, p. 162). “The current nursing curriculum does not prepare the nurses for effective assessment and management of chronic pain” (p. 162); therefore, increasing knowledge about substance abuse and addiction should improve overall attitudes of health professionals, which will, ultimately, help to improve care for these patients (Desai & Chaturvedi 2012; & PMC, 2014). Information gained from this study may lead to new educational strategies that are designed to improve the negative attitudes of nursing students, and other health care providers, toward addiction and substance abuse, and to improve the treatment outcomes for this population. Recommendations for treatment could be updated and effective “tool kits” for nurses and providers dealing with this population could be developed and made available for health care providers to improve their care and overall treatment plans. Implementation of curricular improvements could lead to transformation of attitudes early in a nurse’s career so that improved health care and outcomes for patients with highly stigmatized behavior can occur.

Statement of the Problem

A substance abuse lecture, with an emphasis on the opioid-addicted patient seeking pain relief, could improve attitudes of nursing students, thus breaking the vicious, stigmatized cycle of labeling these patients as “frequent flyers”, “drug seekers”, and worse. Different pedagogical strategies; i.e. educational lectures and training that focus on substance abuse and addiction can
help increase knowledge. This increase in knowledge may lead to a change in negative attitudes, perpetuating an improvement of the overall outcomes for these patients; thereby, decreasing death caused by overdose, and misuse and abuse of illicit substances. Therefore, the research question is: What is the effect of a substance abuse lecture on nursing students’ attitudes toward opioid-addicted patients seeking pain relief?

Statement of the Purpose

The purpose of this study was to determine the effect of a substance abuse lecture on baccalaureate nursing students’ attitudes toward opioid-addicted patients seeking pain relief.
Chapter II

Review of Literature

Review of Relevant Literature

The purpose of the study was to determine the effect of a substance abuse lecture on baccalaureate nursing students’ attitudes toward opioid-addicted patients seeking pain relief. Literature was reviewed from the domains of nursing, nursing education, and nursing theory. The literature search was conducted using the research databases: CINAHL and Ebscohost. Initially, the search explored peer reviewed articles between the years 2012-2016, and excluded articles written before 2009.

Exploration of current studies on negative attitudes.

In the original article written by Braden, McGowan, McLaughlin, McKenna, Keeney, & Quinn, (2011), an examination of a small, focused group of seven heroin users had identified judgmental, negative attitudes by the practitioners in the drug treatment programs. The stigma, the loathsome attitudes, and the “culturally reinforced deviant stereotypes of heroin users as ‘intimidating,’ ‘violent,’ ‘manipulative,’ ‘automatically drug seeking,’ ‘unreliable,’ and ‘poor parents,’ (Braden et al., 2011, p. 460) had compounded the poor care received by the heroin users resulting in poor outcomes for this population. These negative attitudes are based on a person’s life experiences (HHS, 2016). Nurses bring their life experiences/attitudes/values to patient care, and as a result these attitudes may interfere with the quality of care for this group of patients. Reaching out to student nurses to help them become aware of their attitudes toward substance abusers, specifically the opiate-addicted person seeking pain relief, could provide a
crucial first step toward changing negative attitudes that might exist. Students may not have explored their own attitudes toward substance abusers until they enroll in their psychiatric nursing course and begin clinical rotations. More experienced nurses may not be fully aware of their attitudes until they encounter drug addicted patients in the emergency room or patient care unit. Some nurses may even feel that their attitudes do not interfere with their patient care when in reality they might. Therefore, understanding personal attitudes toward substance abuse, and improving knowledge about substance abuse is essential for the student and, even for the experienced nurse, in order to provide appropriate, compassionate health care (Rassool, 2007).

A longitudinal, one-year long, qualitative study of primary care physician’s attitudes when prescribing opioid medications had shown that the healthcare providers managing the care for patients with chronic pain demonstrated extreme reluctance for treating and prescribing opioids to this population (Jamison et al., 2014) But, when the necessary educational training and information is disseminated, these providers’ attitudes improved allowing them to administer better care, and they were more receptive to the plight of these patients with chronic pain and for their need for opioid medications (Jamison et al., 2014).

Avery et al., (2013) surveyed 156 psychiatrists who responded and completed an attitudinal questionnaire, and had demonstrated that the stigma surrounding addiction of patients with psychiatric, dual-diagnoses had contributed to more negative attitudes toward these patients, which led to poor treatment outcomes. Improving outcomes and treatment plans for these patients will rely on improving the attitudes of healthcare professionals by providing educational
tool-kits to the psychiatrists that will enable them to increase their knowledge and improve their skill and confidence when treating these patients (Avery et al., 2013).

Patients with opioid dependency have become a stigmatized and vulnerable population (Lloyd, 2013). The stigma associated with opioid-addiction has perpetuated negative attitudes of healthcare providers, which effects the patient’s outcomes and quality of care (Palamar et al., 2013). A sample of 1021 adults surveyed had revealed that stigma has perpetuated the negative attitudes of health care providers, which has led to harmful outcomes of patients with substance abuse problems (Palamar et al., 2013).

The study conducted by Lloyd (2013) showed limited medical school curricular topics on addiction and substance abuse and found that there are “generally negative and pessimistic views towards drug addicts on the part of primary-care doctors” (p. 87). This study found that IV drug abusers who were cared for by providers with negative attitudes received the appropriate treatment less frequently than those seen by doctors with positive attitudes (Lloyd, 2013). This type of discrimination is mounting and has become an issue with patients seeking medications for pain leading to mistreatment, misdiagnoses, and poor care with worse outcomes. The systematic review conducted by Lloyd (2013) included 185 research articles utilizing qualitative questionnaires. The review summarized findings that indicated stigma had perpetuated negative attitudes of healthcare providers leading to poor care of patients with substance abuse problems.

According to Lloyd (2013), there are several nursing and medical curricula that did not effectively prepare nurses or doctors for effective assessment and management strategies for caring for patients addicted to heroin, and this lack of curricular knowledge may have led to the
negative attitudes and inadequate treatment of patients with substance abuse issues. In order to provide better healthcare for a highly stigmatized group, like heroin addicts, the stigma and the negative attitudes should be reduced (Lloyd, 2013). Proper education including effective pharmacological treatments, adequate, appropriate substance abuse knowledge, and competent training are powerful strategies to change nurses’ attitudes and to improve patient outcomes related to pain management (Garcia, Whitehead, & Winter, 2015; & Lloyd, 2013).

A semi-qualitative research study showed that “the attitudes of the health professionals will influence the treatments provided and hence it is important to be aware of the attitudes of the health professionals” (Desai & Chaturvedi, 2012, p. 162). Physicians and nurses devalue chronic pain caused by psychological disturbances. This is described as pain with no objective cause (either physiological or pathological evidence) leading the providers to have more negative attitudes and biases for these patients. These negative attitudes affect how chronic pain may or may not be treated or undertreated (Desai & Chaturvedi, 2012). This study surveyed 44 nurses on chronic pain, addiction, and analgesic pain treatment. Findings indicated that the nurses held negative attitudes toward management of pain with analgesic medications, which influenced the treatment provided to patients seeking pain relief (Desai & Chaturvedi, 2012). The important issue uncovered in this study was that patients with chronic pain “may be deprived of certain effective treatments and may continue to suffer” (Desai & Chaturvedi, 2012, p. 164). This study emphasized the need to add educational tools about chronic pain, assessment of chronic pain, and treatment of chronic pain with narcotics into the nursing and medical curricula to enhance their
knowledge on the subject matter in order to improve attitudes and patient care (Desai & Chaturvedi, 2012).

Utilizing a Pain Attitudes and Beliefs Scale (PABS), in a cross-sectional study of 363 nurses, overwhelming evidence pointed to the fact that the knowledge deficit surrounding substance abuse is significant (Prem et al., 2011). According to Prem et al., (2011), medical and nursing education is lacking, and the curricula related to substance abuse and addiction related to pain is inadequate (Prem et al., 2011). For example, at the study’s university, students currently complete only an independent study module on substance abuse with no class time devoted to this topic (Professor Murtaugh, personal communication, March, 2016). This fact led the researcher to develop a substance abuse lecture because the nursing curriculum did not provide sufficient material covering substance abuse or addiction. This lecture utilized the most up-to-date evidence and was presented to the class in a lecture-power-point format (See Appendix C).

Howard and Chung (2000a; 2000b) discovered that nurses exhibit more negative attitudes, and are more judgmental toward substance abuse and addiction than other health care providers (as cited in Bartlett, Brown, Shattell, Wright, & Lewallen, 2013). These attitudes negatively impact the healthcare for these patients (Bartlett et al., 2013).

**Research regarding educational preparation/training of nurses and the impact on attitudes regarding care of patients.**

In correlation with earlier studies, the systematic review conducted by Dickens, Hallett, and Lamont, (2016) had revealed that nurses were shown to have the most negative attitudes of all health care professionals toward psychiatric patients. It is presumed that patients suffering
from mental disorders (i.e., borderline personality, major depressive disorder, schizophrenia, and substance abuse) are poorly treated and stigmatized by many health care providers providing their care. It has been suggested that this mistreatment of the psychiatric population is related to the stigma surrounding this population, which has led to the negative attitudes of the nurses and medical providers (Dickens et al., 2016).

This systematic review by Dickens et al., (2016) searched for scholarly works that demonstrated interventional, educational strategies used to improve healthcare providers’ attitudes and knowledge. The inclusion criteria focused on studies related to the attitudes of mental health nurses, and any interventional techniques used to change the outcomes of patients (Dickens et al., 2016). Most of the articles included in the systematic review were of a “longitudinal cohort design” (p. 118, para 1); non-random, small sample size, and no control groups. Others represented a quasi-experimental design with a before-after interventional technique with a control group that did not have the educational intervention, while the experimental group participated in the educational interventions (Dickens et al., 2016). The interventions varied from “face-to-face educational/training sessions” (p. 118); and traditional educational training in the form of lecture materials (Dickens et al., 2016). Because of the lack of evidence-based research and non-randomized small sample sizes, the results were disappointing. Only eight studies revealed a small statistical significance in regards to changes in nurses’ attitudes toward psychiatric patients. Dickens’ (2016) study stated that research is needed to understand more thoroughly the relationship between improved attitudes and improved healthcare practice for treatment of stigmatized groups. Further research focusing on
establishing ways to improve the nurses’ empathy toward mental health patients would make a difference in the outcomes of these patients (Dickens et al., 2016).

According to Monks and colleagues (2013), the “lack of knowledge by nurses about addiction and their negative attitudes toward addicted persons perpetuate[d] poor care given by nurses to persons with addiction” (as cited in Bartlett et al, 2013, p. 351). Nurses provide 24 hour, bedside, patient care, and it is crucial to provide these nurses with the appropriate knowledge and treatment tools. These tools will allow nurses to function with better attitudes that will carry over into their nursing practice toward people with substance abuse problems (Bartlett et al, 2013). Substance abuse has been depicted in the media as immoral and criminal leading health care providers to feel emotionally uncomfortable when dealing with addicted persons (Bartlett et al., 2013). “The Harm Reduction Coalition (n.d.b.) encourages a nonjudgmental attitude on the part of the care provider as the best approach when working with persons with addiction and as a way to help affected persons avoid harm from their addiction” (p.350). A strategy to reverse the negative attitudes and stigma surrounding substance abuse, according to Cleary et al., (2009), is to increase knowledge with education about substance misuse, and, foremost, develop and implement new strategies to support those struggling with substance abuse and addiction (as cited in Bartlett et al., 2013). This strategy has proven to change negative attitudes, and additional information about the treatment for addiction has shown to enhance overall healthcare for these patients (Bartlett et al., 2013). Substance abuse and addiction has been viewed as morally wrong and these individuals are considered to have a diminished capacity for self-control. This leads to negative attitudes and stigmatization resulting
in discrimination and rejection among health care providers (Bartlett et al., 2013). According to Bartlett et al., (2013), “Replacing negative attitudes with evidence-based interventions to treat persons with addiction is key in helping them achieve the highest level of health possible” (p. 350). Anton (2010) stated that substance abuse should be treated as a disease like asthma or diabetes. When this was done the stigma decreased, negative attitudes improved, and the approaches to treatment were sufficiently assessed and evaluated (as cited in Bartlett et al., 2013).

A literature review conducted by Clarke et al., (2014) included 42 papers, from ten different countries submitted between 1997 through 2011. Studies utilized a 24 question attitudinal survey of 719 participants. The results demonstrated that negative attitudes led to poor health care, but by providing educational interventions significantly helped to improve attitudes. The stigmatization of substance abuse caused negative attitudes of healthcare professionals, and treatment and care for these groups had declined (Clarke et al., 2014). These groups were stigmatized based solely on their addiction and substance abuse. The common denominator is that anyone using illicit substances can be stigmatized and this affects the attitudes of healthcare providers and their decisions regarding treatment in a negative way. Mackay & Barrowclough (2005) found that “the greater the negative affect of the staff towards the individual, the less the propensity to help” (as cited in Clarke et al, 2014, p. 277). Increasing knowledge and education for nurses who care for patients with substance abuse and pain are needed in order to improve clinical-decision making in regards to treatment modalities (Clarke et al, 2014). Equally important, “district nurses also spoke about their own fears about this client
group, the perceived risks surrounding their personal safety, and how this affected the care they
gave” (Lloyd, 2013, p. 87) However, when these nurses were given appropriate education about
drug abuse, and the appropriate tools to treat patients with a heroin addiction, their attitudes
improved (Lloyd, 2013). Overall, training and education to improve knowledge about treatment,
substance abuse, and addiction will lead to improved, changed attitudes resulting in better care
for patients with substance abuse issues (Clarke et al., 2014).

This systematic review conducted by Clarke et al., (2014) found strong and credible
evidence-based research that explained that “ED staff generally felt ill-prepared to assess and
care for individuals with mental health problems” (p. 278). The more experienced, higher-level
providers demonstrated increased confidence in assessment skills to treat these types of patients,
therefore, the healthcare providers were prone to having better attitudes (Clarke et al., 2014, p.
278). According to Clarke et al, (2014), “The premise is that if the practitioner better
understands the consumers’ condition, they will have more empathy for the individual and feel
more confident in their ability to work with the population” (p. 280). This research further
demonstrated that “Educational interventions need to be reevaluated to enhance the
understanding of the overall recovery and treatment of patients with dual-diagnoses; i.e.,
addiction and mental health issues, in order to help change and improve negative attitudes
towards this population before negative stigmatization and attitudes are internalized” (Clarke et
al., 2014, p. 280). Offering evidence-based information in nursing and medical schools and
enhancing the curricula for students could improve care for this vulnerable population addicted
to illicit substances (Prem et al., 2011).
Manwere, Chipfuwa, Mukwamba, and Chironda, (2015) conducted a descriptive research study that assessed both attitudes and knowledge of 50 randomly selected registered nurses. Using a reliable and validated attitudinal questionnaire, this study demonstrated that knowledge deficit and negative attitudes are barriers to effectively treat patients with chronic pain (Manwere et al., 2015). Providing effective educational information about treatment modalities for chronic pain led to increased knowledge and improved attitudes and “they [nurses] are able to effectively manage pain in adult medical patients” (Manwere et al., 2015, p. 5).

Manwere et al. (2015) stated, “Both knowledge and attitudes affect the nurses’ ability to effectively manage pain” (p. 2); whereas, “knowledge of pain management was highly associated with the nurses’ attitude towards pain management with a significant p-value (p=0.000; p</=0.005)” (p. 3). “These results show a positive correlation between knowledge and attitudes towards pain management that is, as the knowledge scores increases the attitudes towards pain management improves” (Manwere et al., 2015, p.5).

A meta-synthesis of both quantitative and qualitative design with a large sample size of 1,605 nurses demonstrated that nurse’s knowledge concerning illicit drug and alcohol education was insufficient (Ford, 2011). Ford (2011) demonstrated that the nurses’ negative “therapeutic attitude” (p. 242) toward substance abusers had negatively affected the treatment for this group (Ford, 2011). However, this study uncovered that when nurses were provided with educational tool kits comprised of substance abuse information and new illicit drug treatment modalities, their confidence and attitudes regarding treatment of these patients improved (Ford, 2011; & Ford et al., 2009).
Changes in nursing curriculum to emphasize addiction and substance abuse early in the nursing courses are needed so that students’ knowledge and confidence can improve. Lectures on substance abuse, opiate addiction, and treatment modalities for the addicted patient seeking pain relief, coupled with attitudinal awareness could provide a basis for curricular changes.

**Nursing Theoretical Framework**

The nursing theoretical framework selected for this study was Parse’s Theory of Human Becoming (Fawcett & DeSanto-Madeya, 2013). This theory emphasizes the evolution and continuum of humans, their health, and their interaction with the environment (Fawcett & DeSanto-Madeya, 2013). Parse’s theory explains that “humans were mysteries emerging in living personal value priorities, not machines to be fixed” (Fawcett & DeSanto-Madeya, 2013, pp. 339; 341). Parse’s grand theory uses “Roger’s Science of Unitary Human Beings” concepts. Parse explains that “the art of nursing” and the goal of nurses is to help patients in a compassionate and caring manner, and to help improve and better patients’ situations at whatever point in their lives (Fawcett & DeSanto-Madeya, 2013, pp. 232-33; 237).

Parse’s three principles of human becoming include: meaning, rhythmicity, and transcendence (Fawcett & DeSanto-Madeya, 2013, pp. 343-44). First, in order for a nurse to find meaning from the patient, one must listen and empathize with the individual, and try to understand the person’s unique, lived experiences, without judging or interjecting one’s own values and beliefs (Fawcett & DeSanto-Madeya, 2013, pp. 343-44). Understanding an individual’s background and their circumstances, for example, like how a person became addicted to opioids and other illicit substances, can be very valuable for understanding the
person, and may lead to more collaborative and realistic goals that incorporate individualistic interventions for that patient. Nurses can achieve meaning by increasing their knowledge and awareness on addiction and utilizing evidence-based research to impact their own attitudes.

Second, the patient will need guidance through rhythmicity, identified as Parse’s principle #2, which involves the patient developing their own way of relating their circumstances to patterns of their lived experiences (Fawcett & DeSanto-Madeya, 2013, p. 344). This helps the individual identify and understand the situation and circumstances that led up to this point in their lives. Making connections with their own values and beliefs, while understanding what is important to them, a person addicted to illicit substances can come to the realization of the events that led them to these circumstances. After making these revelations and connections, the individual is able to relate to what is important to them and how they want to proceed in the future. At the same time, nurses can find rhythmicity by giving compassionate, non-judgmental treatment and care, and allowing the patient to determine their best course of action (Fawcett & DeSanto-Madeya, 2013).

Third, the individual can achieve Parse’s third principle: transcendence, in which the patient, with the compassionate help and guidance from the nurse, develops new possibilities, goals, hopes, and dreams, and are able to transform their current condition into a less stigmatizing, and healthier creation. This third principle empowers the individual to transform their lives based on what they value and what is important to them (Fawcett & DeSanto-Madeya, 2013).
As nurses, this theoretical framework provides a lens to look at difficult situations, patients, and certain attitudes and beliefs from both the nurses’ and the patients’ perspective. Applying Parse’s three principles to caring for these patients, a nurse can identity their own feelings and attitudes. Nurses can learn to empathize with patient’s circumstances in order to guide patients through meaning, rhythmicity, and transcendence, while providing compassionate care for these vulnerable populations. This theory could be useful in identifying new strategies that can efficiently change negative, stigmatizing attitudes of nurses, who would then feel more confident when equipped with tools to effectively treat and care for highly stigmatized populations; thereby, improving overall healthcare and outcomes for these patients.

Summary

Negative attitudes of healthcare professionals toward patients with substance use disorders, especially those addicted to opiates seeking pain relief, have a significantly negative impact on the care of this stigmatized, vulnerable population. Research illustrates that early educational interventions, such as evidence-based lectures may improve attitudes and quality care for addicted patients resulting in better healthcare outcomes.

Key Words

Key words used in this study are defined for clarity and consistency.

Addiction: “Defined as the need for and use of a habit-forming substance despite knowledge the substance is harmful” (Bartlett et al., 2013, p. 349).

Attitudes: is defined as “A state of mind or feeling with regard to some matter; disposition” (The American Heritage Dictionary, p. 140).
**Bias:** is defined as “a preference or inclination esp. one that inhibits impartial judgement; prejudice” (The American Heritage Dictionary, p. 175).

**Opioids:** Refers to prescription medications, and other illicit substances (i.e., heroine, Percocet, & methadone)

**Stereotypes:** “According to Barón and Byrne (2005), stereotypes are beliefs related to the characteristics or traits shared by members of specific social groups and the typical features or manners that are supposedly possessed by those who belong to such groups” (as cited in Sarabia-Cobo & Pfeiffer, 2015, p. e60).

**Stigma:** According to Rao et al., (2009), stigma is defined as “…a socially determined concept referring to the devaluation of individuals due to distinguishing characteristics” (as cited in Avery et al., 2013, p. 322).

**Substance Abuse:** For this article, substance abuse refers to the misuse opioid-prescription medications and IV drugs including heroine.

**Therapeutic Attitude:** According to Cartwright (1980), therapeutic attitude is defined as “A measure of nurses’ engagement with the patient” (as cited in Ford, 2011, p. 242).
Chapter III
Method

Description of the Research Design

The purpose of this study was to determine the effect of a substance abuse lecture on baccalaureate nursing students’ attitudes toward opioid-addicted patients seeking pain relief. The study design was quantitative, quasi-experimental, a “design in which the independent variable (i.e., a treatment) is manipulated or introduced but where there is a lack of random assignment or a control group” (Melnyk & Fineout-Overholt, 2015, p. 459). The strength of this study design was weaker than a true experimental case because of the non-random sample used, and the lack of a control group (p. 459). This design explored a potential relationship between the intervention (lecture on substance abuse) and the outcomes (attitudes measured with pre-test/post-test).

Identification of the Population and Sample

The target population for the study was the junior baccalaureate nursing students (BSNs) enrolled in their psychiatric nursing course in a small southern Colorado university. All the students enrolled in NSG 382 Behavioral Health were invited to voluntarily participate in the study. Sixteen students ultimately participated. The participants included accelerated-track Registered Nursing (RN) students, who had completed a previous baccalaureate degree, were predominantly female, and ranged in age from middle twenties to late fifties.

Protection of Human Subjects

Approval was obtained from the Colorado State University - Pueblo Institutional Review Board prior to any data collection from participants (See Appendix D – Institutional Review
Board Written Approval). The researcher will keep all data in a locked file cabinet and will shred all surveys after five years.

**Instrument**

Attitudinal surveys consist of a series of statements that people are asked to express their agreement or disagreement. There is a relationship between internal influences (emotions/values/attitudes) and positive and negative reactions to people, events and situations (PMC, 2016). Attitudinal surveys ask how a person feels about it (emotional component); what a person thinks about it (cognitive component) and how the person acts (behavioral component) (PMC, 2016). Using the substance abuse attitudinal survey allows a person to identify attitudes, values and personal feelings about patients who abuse drugs.

The instrument used in this study was the "Brief Substance Abuse Attitude Survey" (Retrieved from http://medicine.yale.edu). (See Appendix B for survey). This survey consisted of 25 statements that can be rated “strongly disagree”, “disagree”, “undecided”, “agree”, & “strongly agree” (Brief Substance Abuse Attitude Survey). Chappel, Veach, & Krug, (1985) stated that this instrument was developed to measure the attitudes of healthcare providers and medical students towards alcohol and drug abuse. The pain and attitudes belief scale has been deemed valid by earlier studies done by Ostelo et al. (2003) (as cited by Prem et al., 2011). This tool has been proven reliable over several, repeatable incidences (Chappel et al, 1985; & Prem et al., 2011). Permission to use the tool was implied. It is accessible on the internet as public domain. The tool was used in its original form without adaptations.
Procedure

The researcher explained the study to the students, described the purpose and asked for volunteers. Participants were reminded that participation in the study was voluntary and that they had an opportunity to refuse to be in the study or to stop at any time. It was emphasized that the responses would not affect their course grade or status in the nursing program. All students, who volunteered to participate in the study remained in the classroom and received the substance abuse lecture (See Appendix C) prepared by this researcher. The 16 volunteers participated in the pre- and post-attitudinal surveys. Participants completed an informed consent form (See Appendix A) prior to any data collection.

Participants were identified only by the last four digits of their university-assigned personal identification number (PID). Participants completed a pre-lecture attitudinal survey (See Appendix B), participated in a substance abuse lecture and then took the same attitudinal survey, post-lecture. Completion of each of the surveys took fifteen minutes. The substance abuse lecture power point lasted thirty minutes and consisted of the most recent evidence-based material.

Data Analysis

The researcher, in consultation with a PhD statistician, analyzed the pre- and post-results on the attitudinal survey using a t-test to determine any statistically significant differences between the ratings. A summary of the results are tabled in Chapter IV and the conclusion and summary of findings are discussed in Chapter V.
Chapter IV

Results

The purpose of the study was to determine the effect of a substance abuse lecture on baccalaureate nursing students’ attitudes toward opioid-addicted patients seeking pain relief. The pre- and post-surveys were completed by the students, and the data was analyzed by a PhD statistician using a t-test. Statistical significance represents a change in something being measured based on the intervention used that has happened beyond random chance (Dr. Richard Carpenter, personal communication, April 2016). The results of a t-test indicate if the difference between the pre- and post-test intervention is statistically significant. Changes in mean scores indicate if participants’ knowledge has increased or decreased for the whole group (Zar, 2009).

The standard deviation of the mean scores were calculated and shows if the answers are narrowly or widely dispersed around the mean (Dr. Carpenter, personal communication, April 2016; & Zar, 2009). A p value of < 0.05. is considered statistically significant, indicating that 5% of the attitudinal change happened, not by random chance, but because of the interventional lecture (Dr. Carpenter, personal communication, April 2016).

As seen in Table 1, there were only two (2) statements (#6 and #11) that showed a “statistically significant” difference in attitude change with a p value of 0.02 and 0.03 respectively. This is noteworthy because it is very difficult to show a statistically significant change after only one intervention, i.e. lecture (Dr. Carpenter, personal communication, April 2016). Statement # 6- Physicians who diagnose alcoholism early improve the chance of
treatment success showed a more positive change in attitude after the lecture. Statement #11 - An alcohol or drug-addicted person who has relapsed several times probably cannot be treated - indicated a more negative attitude, where relapses indicate no chance of treatment success, even after the lecture material presented information regarding recovery of opioid-addicted patients. This question did show a statistical significant change, but their attitudes became more negative.

Additionally, participants agreed with twelve of the negatively worded statements demonstrating a more negative attitude (i.e., Question #11r.*: An alcohol or drug addicted person who has relapsed several times probably cannot be treated; this proved statistically significant with a $p$-value of 0.03). Other examples included: An alcohol or drug dependent person cannot be helped until he/she has hit rock bottom (#2); Heroin is so addictive that no one can really recover once he/she becomes an addic (3); A physician who has been addicted to narcotics should not be allowed to practice medicine again (#9); Pregnant women who use alcohol or other drugs should be punished (#21); & A nurse who is drug-dependent should not be allowed to give medications to patients (#24).

Whereas, 12 out of 25 of the statements indicated that the respondents' agreed with some of the more positively worded survey items demonstrating a more positive attitude (i.e., Question #6: Physicians who diagnose alcoholism early improve the chance of treatment success, which proved statistically significant with a $p$-value of 0.02). Other examples included: Daily use of one marijuana cigarette is not necessarily harmful (#7); Long-term outpatient treatment is necessary for the treatment of addiction (#12); Drug addiction is a treatable illness (#16); Coercive pressure, such as threat or punishment, is useful in getting resistant patients to
accept treatment (#22); & Active participation in a program such as AA/NA is essential for a patient to recover from alcohol or drug dependence (#25).

One statement (#23) – A recovering person who is active in Alcoholics Anonymous does not respond well to psychotherapy showed no change from pre to post lecture.

**Table 1-Statistical Description of Substance Abuse Survey with Totals: Summary of the mean, standard deviation, t-test, and p-values for each survey statement.**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pre-Lecture Mean/SD</th>
<th>Post-Lecture Mean/SD</th>
<th>Difference (post-pre)</th>
<th>t</th>
<th>p</th>
<th>Changes in Attitudes after Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>1r.* Alcoholism is associated with a weak will.</td>
<td>4.19/0.66</td>
<td>4.29/0.59</td>
<td>0.11</td>
<td>-1.46</td>
<td>0.16</td>
<td>More Agreement</td>
</tr>
<tr>
<td>2r.* An alcohol or drug dependent person cannot be helped until he/she has hit rock bottom.</td>
<td>4.06/0.68</td>
<td>4.24/0.56</td>
<td>0.17</td>
<td>-1.86</td>
<td>0.08</td>
<td>More Agreement</td>
</tr>
<tr>
<td>3r.* Heroin is so addicting that no one can really recover once he/she becomes an addict.</td>
<td>4.19/1.05</td>
<td>4.35/1.00</td>
<td>0.17</td>
<td>-1.00</td>
<td>0.33</td>
<td>More Agreement</td>
</tr>
<tr>
<td>4r.* Alcohol and drug abusers should only be treated by specialists in that field.</td>
<td>3.38/1.09</td>
<td>3.47/1.01</td>
<td>0.10</td>
<td>-1.38</td>
<td>0.19</td>
<td>More Agreement</td>
</tr>
</tbody>
</table>
5r*. Smoking leads to marijuana use, which in turn leads to hard drugs.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Mean</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>4.56</td>
<td>0.51</td>
<td>-0.15</td>
<td>1.46</td>
<td>0.16</td>
<td>Less Agreement</td>
</tr>
<tr>
<td>More</td>
<td>4.41</td>
<td>0.62</td>
<td>0.31</td>
<td>-2.52</td>
<td>0.02</td>
<td>Statistically Significant</td>
</tr>
<tr>
<td>Statistically Significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Physicians who diagnose alcoholism early improve the chance of treatment success.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Mean</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>3.25</td>
<td>1.13</td>
<td>0.31</td>
<td>-2.52</td>
<td>0.02</td>
<td>More Agreement</td>
</tr>
<tr>
<td>More</td>
<td>3.56</td>
<td>0.97</td>
<td>0.31</td>
<td>0.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistically Significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Daily use of one marijuana cigarette is not necessarily harmful.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Mean</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>3.31</td>
<td>1.40</td>
<td>-0.43</td>
<td>2.08</td>
<td>0.06</td>
<td>Less Agreement</td>
</tr>
<tr>
<td>More</td>
<td>2.88</td>
<td>1.32</td>
<td>-0.43</td>
<td>0.06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Urine drug screening can be an important part of drug abuse treatment.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Mean</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>3.81</td>
<td>0.66</td>
<td>-0.11</td>
<td>1.00</td>
<td>0.33</td>
<td>Less Agreement</td>
</tr>
<tr>
<td>More</td>
<td>3.71</td>
<td>0.69</td>
<td>-0.11</td>
<td>0.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9r*. A physician who has been addicted to narcotics should not be allowed to practice medicine again.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Mean</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>3.81</td>
<td>1.01</td>
<td>0.13</td>
<td>-0.62</td>
<td>0.54</td>
<td>More Agreement</td>
</tr>
<tr>
<td>More</td>
<td>3.94</td>
<td>1.03</td>
<td>0.13</td>
<td>0.54</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Marijuana use among teenagers can be a healthy experiment.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Mean</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>3/1.32</td>
<td>2.82/1.38</td>
<td>-0.18</td>
<td>1.00</td>
<td>0.33</td>
<td>Less Agreement</td>
</tr>
<tr>
<td>More</td>
<td>2.82/1.38</td>
<td>-0.18</td>
<td>1.00</td>
<td>0.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11r*. An alcohol or drug addicted

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Mean</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>3.94</td>
<td>0.93</td>
<td>0.47</td>
<td>-2.41</td>
<td>0.03</td>
<td>Statistically Significant</td>
</tr>
<tr>
<td>More</td>
<td>4.41</td>
<td>0.51</td>
<td>0.47</td>
<td>0.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistically Significant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Mean 1</td>
<td>Mean 2</td>
<td>SD 1</td>
<td>SD 2</td>
<td>Effect Size</td>
<td>Agreement</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>-------</td>
<td>-------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>A person who has relapsed several times probably cannot be treated.</td>
<td>3.25/1.18</td>
<td>3.41/1.23</td>
<td>0.16</td>
<td>-0.70</td>
<td>0.50</td>
<td>More Agreement</td>
</tr>
<tr>
<td>12. Long-term outpatient treatment is necessary for the treatment of drug addiction.</td>
<td>3.75/0.77</td>
<td>3.82/0.73</td>
<td>0.07</td>
<td>-1.86</td>
<td>0.08</td>
<td>More Agreement</td>
</tr>
<tr>
<td>13. Paraprofessional counselors can provide effective treatment for drug and alcohol abusers.</td>
<td>2.69/1.20</td>
<td>2.47/1.18</td>
<td>-0.22</td>
<td>1.46</td>
<td>0.16</td>
<td>Less Agreement</td>
</tr>
<tr>
<td>14r.* Lifelong abstinence is a necessary goal in the treatment of alcoholism.</td>
<td>2.94/1.29</td>
<td>2.74/1.37</td>
<td>-0.20</td>
<td>0.72</td>
<td>0.48</td>
<td>Less Agreement</td>
</tr>
<tr>
<td>15r.* Once a person becomes drug free through treatment, he can never become a social user.</td>
<td>4.25/0.58</td>
<td>4.35/0.61</td>
<td>0.10</td>
<td>-0.44</td>
<td>0.67</td>
<td>More Agreement</td>
</tr>
<tr>
<td>16. Drug addiction is a treatable illness.</td>
<td>3.88/1.02</td>
<td>4.18/1.01</td>
<td>0.30</td>
<td>-1.73</td>
<td>0.10</td>
<td>More Agreement</td>
</tr>
<tr>
<td>Question</td>
<td>Agree Mean</td>
<td>Disagree Mean</td>
<td>Difference</td>
<td>t-value</td>
<td>p-value</td>
<td>Conclusion</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------------</td>
<td>------------</td>
<td>---------</td>
<td>---------</td>
<td>---------------------</td>
</tr>
<tr>
<td><em><em>18r.</em> A hospital is the best place to treat an alcoholic or drug addict.</em>*</td>
<td>3.81/0.75</td>
<td>3.65/0.79</td>
<td>-0.17</td>
<td>1.86</td>
<td>0.08</td>
<td>Less Agreement</td>
</tr>
<tr>
<td><strong>19. Alcoholism is a treatable illness</strong></td>
<td>4.25/0.68</td>
<td>4.29/0.59</td>
<td>0.04</td>
<td>0</td>
<td>1.00</td>
<td>More Agreement</td>
</tr>
<tr>
<td><em><em>20r.</em> Most alcohol and drug dependent persons are unpleasant to work with as patients.</em>*</td>
<td>3.81/0.98</td>
<td>3.71/0.85</td>
<td>-0.11</td>
<td>0.56</td>
<td>0.58</td>
<td>Less Agreement</td>
</tr>
<tr>
<td><em><em>21r.</em> Pregnant women who use alcohol or other drugs should be punished</em>*</td>
<td>3.5/1.26</td>
<td>3.76/1.15</td>
<td>0.26</td>
<td>-2.08</td>
<td>0.06</td>
<td>More Agreement</td>
</tr>
<tr>
<td><em><em>22r.</em> Coercive pressure, such as threat or punishment, is useful in getting resistant patients to accept treatment.</em>*</td>
<td>4.38/0.62</td>
<td>4.24/0.90</td>
<td>-0.14</td>
<td>1.38</td>
<td>0.19</td>
<td>Less Agreement</td>
</tr>
<tr>
<td><em><em>23r.</em> A recovering person who is active in Alcoholics Anonymous does not respond well to psychotherapy</em>*</td>
<td>4.06/0.77</td>
<td>4.06/0.83</td>
<td>0</td>
<td>0</td>
<td>1.00</td>
<td>No Change</td>
</tr>
</tbody>
</table>
A nurse who is drug dependent should not be allowed to give medications to patients.

<table>
<thead>
<tr>
<th>24r.* A nurse who is drug dependent should not be allowed to give medications to patients.</th>
<th>3.56/1.31</th>
<th>3.71/1.10</th>
<th>0.14</th>
<th>-1.14</th>
<th>0.27</th>
<th>More Agreement</th>
</tr>
</thead>
</table>

Active participation in a program such as AA is essential for a patient to recover from alcohol or drug dependence.

<table>
<thead>
<tr>
<th>25r.* Active participation in a program such as AA is essential for a patient to recover from alcohol or drug dependence.</th>
<th>3.13/1.45</th>
<th>3.18/1.42</th>
<th>0.05</th>
<th>-0.37</th>
<th>0.72</th>
<th>More Agreement</th>
</tr>
</thead>
</table>

r*= negatively worded questions

Highlighted green indicates statistical significance

Limitations

The limitations of the study included:

- The study utilized a convenience sample when a random sample may have produced stronger statistical significance (Grove, Burns & Gray, 2013).
- The sample size was small.
- The study was done at only one southern Colorado University.
- Length of the lecture was only 30 minutes, and only a one-time intervention.
- The survey tool used to measure students' attitudes did not limit the questions to opioid addiction and abuse; instead, there were questions on alcohol, and marijuana, as well, which could have skewed the results.
Chapter V
Conclusions and Recommendations

Conclusions

The purpose of the study was to determine the effect of a substance abuse lecture on baccalaureate nursing students’ attitudes toward opioid-addicted patients seeking pain relief. The results of the pre/post attitudinal survey reflected only two items that demonstrated statistical significance that represented a change in students’ attitudes as a result of the intervention (i.e., lecture). Students who volunteered for this study were enrolled in the accelerated track, and who have previous college degrees. This convenience sample were predominantly female and ranged in age from middle twenties to late fifties. It is quite possible that they may have had life experiences that negatively influenced their attitudes toward people with opiate addiction. Some of their ratings indicated an ambivalence toward patients struggling with substance abuse. For example, they advocated for "punishment" of pregnant drug users and rated recovery as "hopeless" for heroin addicts. Yet they responded that drug addiction is a treatable illness and that self-help groups are effective in treatment. Because earlier research found that attitudes towards opioid addiction are closely related to personal views, beliefs, and values, the methods for changing the dynamics of one’s personal views have been elusive (Rassool, 2007).

The ratings reflected in this study are consistent with the overall ambivalence and disparity between attitudes ideally held by nurses and those that are actually present (Rassool, 2007). In one instance, it appears that the students felt that the earlier the diagnosis and treatment of
alcoholism occurs, the greater the chance of recovery. However, considering the difficulty in measuring changes in attitudes and behaviors, the fact that there was a small statistically significant change in attitudes from only a single lecture, may indicate that educational interventions can impact attitudes in a positive way in reference to substance abuse and addiction (Chappell et al., 1995; & Dr. R. Carpenter, personal communication, April 2016). On the other hand, there was an indication that after being presented with evidence-based research about drug treatment and recovery, the students still were not convinced to change their preconceived, negative attitudes; or it may have been that the lecture material presented did not have enough validated information to impact the students’ attitudes.

Recommendations

The substance abuse lecture utilized the most current and up to date evidence available from reliable resources (i.e., Centers for Disease Control and Prevention). However, a true, experimental research design utilizing large, randomly selected populations are needed to find the best scholarly educational interventions. These evidence-based educational strategies need to be aimed toward the most effective method for changing negative attitudes regarding opioid-addicted patients. Utilizing different pedagogical strategies (i.e., role playing and/or case studies) in random control trials may provide more statistically significant change (Rassool, 2007). Collecting demographic data from participants might reveal further insight into these attitudes. It might be useful, as a comparison, to present the substance abuse lecture to first year, traditional students, and the accelerated, first year nursing students to assess the attitudinal changes or biases that may be present. In fact, sampling different nursing students at different
levels of their nursing education, in a longitudinal study, may give better information on what is needed to change attitudes toward substance abuse. Lastly, analyzing the baseline of nursing students’ knowledge and attitudes concerning substance abuse and addiction could prove useful.

The literature review identified evidence evaluating attitudes of healthcare providers, and how negative attitudes negatively impact the care for this stigmatized population. More research is needed employing nurses and nursing students. Implementation of standardized, evidence-based lecture material into nursing curricula can prove helpful in reverting negative attitudes toward stigmatized groups. A research method that is scientifically quantitative, which is designed with a large experimental and a control group that is selected randomly may yield more significant results. As well as a more specific research tool that focuses only on opiate addiction should be developed.

**Implications for practice.**

This study uncovered several gaps in nursing curriculum in reference to knowledge deficits concerning substance abuse, addiction, and treatment modalities. Future research could focus on effective educational tools designed to inform and educate nurses on opioid addiction, misuse, and abuse. Effective evidence-based strategies are needed to influence attitudes and behaviors toward stigmatized populations. Researching meaningful information regarding causes of negative, stigmatized attitudes toward substance abuse and abusers could lead to dynamic types of pedagogical interventions needed to change attitudes. Lloyd (2013) has shown that both medical professionals and nursing providers have negative attitudes, and that their curricula was lacking in substance abuse education, but after providing small group educational
information, the attitudes improved. Therefore, research could focus on the use of small group activities and discussions instead of presentations presented to larger groups. Continuous exposure to information on opiate addiction and care of the patient in pain could occur throughout the curriculum, and could lead to more positive attitudes, and better health outcomes for this stigmatized group.

**Summary**

Desai and Chaturvedi (2012) found in their research that, “Attitudes of the health professionals will influence the treatments provided and hence it is important to be aware of the attitudes of the health professionals” (p. 162). Increasing knowledge on the subject matter, establishing changes in curriculum that promote effective management of pain (of those with opiate addiction), decreasing stigmatization and fear, and providing evidence-based educational interventions will decrease the knowledge deficit resulting in more positive attitudes, and can lead to better care and outcomes for stigmatized populations, in particular, the opioid-addicted patient (Lloyd, 2013).

This study supported that with educational interventions that provide knowledge and effective treatment tools, the healthcare providers had better attitudes, which translated into more effective treatment care plans for patients with substance abuse problems seeking pain relief despite the stigma associated with illicit substance abuse.
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http://www.hsj.gr/archive/journals.imedpub.com. ISSN 1791-809X


Parsuraman, M. Senior Lecturer, Faculty of Pharmacy. Bedong, Malaysia.


Title of Study: Effect of Substance Abuse Lecture on Baccalaureate Nursing Students’ Attitudes Toward Opioid-Addicted Patients

PRINCIPAL INVESTIGATOR: Denise Greenwood, BSN/RN; graduate student for masters’ in nursing, 719-671-1961

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? Because you are nursing students completing your NSG 382 Behavioral Health course. This class touches on psychology issues in health care, including some information regarding substance abuse and addiction, and this study is about nursing students’ attitudes toward opioid-addicted patients.

WHO IS DOING THE STUDY? I am conducting the research for my thesis in partial fulfilment for a master’s degree in nursing, nurse educator emphasis. Dr. Peg Rooney will be reviewing the content, along with my other thesis committee members: Ellen Lane & Cathy Coram.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of this study is to determine the effect of a substance abuse lecture on baccalaureate nursing students’ attitudes toward opioid-addicted patients seeking pain relief.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? This study will take place during your regular scheduled class time on 4/27/2016 in Chemistry Room 106.

WHAT WILL I BE ASKED TO DO? Complete a paper and pencil, 25 item attitudinal questionnaire before and after a 30-minute lecture about addiction and substance abuse.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? You should not participate if you are under 18 years of age. The process is completely voluntary and there are no reasons to exclude you unless you do not want to participate.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS? There are no risks. However, it is not possible to identify all potential risks in research procedures, but the
researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

**ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?** The direct benefit for you, personally as a nursing student, will be to have extra information on a health condition that affects thousands of people. The anticipated benefits may be improvements in nursing curriculum.

**DO I HAVE TO TAKE PART IN THE STUDY?** Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

**WHO WILL SEE THE INFORMATION THAT I GIVE?** We will keep private all research records that identify you, to the extent allowed by law. For this study, we will assign a code to your data (last four of your PID) so that the only place your name will appear in our records is on the consent and in our data spreadsheet which links you to your code. The researcher will keep all data in a locked file cabinet and will shred all data after five years. We may be asked to share the research files for audit purposes with CSU Institutional Review Board ethics committee, if necessary. When we write about the study to share with other researchers, we will write about the combined information we have gathered.

**Will I receive any Compensation?** There will be no compensation for your participation.

**WHAT IF I HAVE QUESTIONS?** Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Denise Greenwood, BSN/RN at 719-671-1961. If you have any questions about your rights as a volunteer in this research, contact the IRB Coordinator at: the CSU IRB at:

Barbara Brett, PhD.
Assistant Professor
Department of Psychology
Colorado State University-Pueblo
719-549-2676
Barbara.brettgreen@csupueblo.edu

We will give you a copy of this consent form to take with you.

Page 2 of 3   Participant’s initials _______ Date _______ APPROVED: 4/22/2016
WHAT ELSE DO I NEED TO KNOW? Your participation in the survey will not affect your grade or status as a CSU-Pueblo Nursing student.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing pages.

__________________________________________________________________________  __________
Signature of person agreeing to take part in the study       Date

__________________________________________________________________________
Printed name of person agreeing to take part in the study

__________________________________________________________________________  __________
Name of person providing information to participant       Date

__________________________________________________________________________
Signature of Research Staff

Page 3 of 3  Participant’s initials _______ Date _______ APPROVED: 4/22/2016
Appendix B  
Brief Substance Abuse Attitude Survey

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcoholism is associated with a weak will.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>2. An alcoholic or drug dependent person cannot be helped until he/she has hit rock bottom.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>3. Heroin is so addicting that no one can really recover once he/she becomes an addict.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>4. Alcohol and drug abusers should only be treated by specialists in that field.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>5. Smoking leads to marijuana use, which in turn leads to hard drugs.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>6. Physicians who diagnose alcoholism early improve the chance of treatment success.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>7. Daily use of one marijuana cigarette is not necessarily harmful.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>8. Urine drug screening can be an important part of drug abuse treatment.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>9. A physician who has been addicted to narcotics should not be allowed to practice medicine again.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>10. Marijuana use among teenagers can be a healthy experiment.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>11. An alcohol or drug addicted person who has relapsed several times probably cannot be treated.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>12. Long-term outpatient treatment is necessary for the treatment of drug addiction.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td></td>
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<td>---</td>
</tr>
<tr>
<td>13. Paraprofessional counselors can provide effective treatment for drug and alcohol abusers.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>14. Lifelong abstinence is a necessary goal in the treatment of alcoholism.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>15. Once a person becomes drug-free through treatment, he can never become a social user.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>16. Drug addiction is a treatable illness.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>17. Group therapy is very important in the treatment of alcoholism or drug addiction.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>18. A hospital is the best place to treat an alcoholic or drug addict</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>19. Alcoholism is a treatable illness.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>20. Most alcohol and drug dependent persons are unpleasant to work with as patients.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>21. Pregnant women who use alcohol or other drugs should be punished.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>22. Coercive pressure, such as threat or punishment, is useful in getting resistant patients to accept treatment.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>23. A recovering person who is active in Alcoholics Anonymous does not respond well to psychotherapy.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>24. A nurse who is drug dependent should not be allowed to give medications to patients.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
<tr>
<td>25. Active participation in a program such as AA is essential for a patient to recover from alcohol or drug dependence.</td>
<td>Strongly Disagree...1</td>
<td>Disagree...2</td>
<td>Undecided...3</td>
<td>Agree...4</td>
<td>Strongly Agree...5</td>
</tr>
</tbody>
</table>
Appendix C
Substance Abuse Lecture Power Point

8/2/2016

LECTURE ON SUBSTANCE ABUSE/MISUSE OF OPIOIDS

Addiction and the epidemic of opioid medication prescribed for pain control.

ADDICTION

- Nicotine, drug addiction is a complex disease, and quitting takes more than just willpower; it is a lifelong path.

- In time, it becomes less and less obvious that the substance, drug, or alcohol was a major factor in an individual’s life, and the effects of addiction are difficult to identify for those who are already recovering.

Through scientific advances we have made about how drug work in the brain it is possible and successful for individuals to help people stop abusing drugs and lead productive lives.

(Gray et al, 2015)

ADDICTION CONTINUED:

- Addiction is a chronic, often relapsing, brain disease that causes people to take a drug repetitively despite their bad habits.

- Movement disturbances, sexual dysfunction, or irritability, and addiction can be treated by medical means.

- Just as with all chronic diseases, formal treatment is necessary for a person to recover and begin a drug-free life.

(Gray, et al, 2015)

ADDICTION CONTINUED:

- Relapse, treatment, does not signal permanent failure—and it indicates that treatment is truly permanent and adaptive. All forms of therapy treatment is needed to help the individual regain control and recovery.

(Drug Facts, 2016)
**OPIOID ABUSE**

- "According to the Centers for Disease Control and Prevention (CDC), the quantity of prescription opioids dispensed to Americans—and deaths from overdoses—quadrupled from 1999 to 2013." (Traynor, 2016, p. e1.)

**OPIOID ABUSE CONTINUED:**

- "During 2013, according to CDC, more than 14,000 Americans died from an overdose of prescription pain medication, and nearly 2 million Americans either abused or were dependent on opioids. (Traynor, 2016, p. e1.)

**CHRONIC PAIN**

- "Chronic pain, unlike opioid therapy for chronic pain should be managed as thoughtfully as therapy for any other chronic disease." (Traynor, 2016, p. e1.)

- "When you start any new medication, even a blood pressure medication or diabetes medicine, you start it and then see the results. If you're not seeing the results that you're hoping to get, are you having any side effects?" (Traynor, 2016, p. e1.)

**MANAGEMENT OF OPIOID ABUSE AND MISUSE**

- "Chronic pain, unlike opioid therapy for chronic pain should be managed as thoughtfully as therapy for any other chronic disease." (Traynor, 2016, p. e1.)

- "Most management failure is due to opioid abuse having the potential to create barriers to effectively treat the medications." (Traynor, 2016, p. e1.)
MANAGEMENT CONTINUED:

- The training must address best practices for the appropriate and effective prescribing of pain medications.
- The training should address potential harms associated with opioid use.
- The training should address potential harms associated with opioid use.
- The training should address the identification of substance abuse disorders and the potential harms associated with opioid use.
- The training should address the potential harms associated with opioid use.

(Reprint, 2016, p. 11)

YOUTUBE VIDEO ADDICTION VS DEPENDENCE

1. https://www.youtube.com/watch?v=2V5s9t1BQcQ

2. https://www.youtube.com/watch?v=2V5s9t1BQcQ

OPIOID/HEROINE WITHDRAWAL

1. https://www.youtube.com/watch?v=2V5s9t1BQcQ

HEROINE/OPIOID TREATMENT

1. https://www.youtube.com/watch?v=2V5s9t1BQcQ

2. https://www.youtube.com/watch?v=2V5s9t1BQcQ
MEDICATIONS FOR OPIOID/HEROINE WITHDRAWAL

- Methadone is a long-acting opioid that can reduce the severity of withdrawal symptoms and can be used to manage opioid withdrawal symptoms. It is typically administered in a controlled setting and is often used in conjunction with other medications to manage withdrawal symptoms. (WebMD, 2016)

- Suboxone (buprenorphine/naloxone) is a prescription medication that can be used to manage withdrawal symptoms. It is typically administered in a controlled setting and is often used in conjunction with other medications to manage withdrawal symptoms. (WebMD, 2016)

WITHDRAWAL TREATMENT CONTINUED:

- Methadone and Suboxone are both effective in managing withdrawal symptoms, but they have different mechanisms of action. Methadone is a long-acting opioid that can reduce the severity of withdrawal symptoms and can be used to manage opioid withdrawal symptoms. It is typically administered in a controlled setting and is often used in conjunction with other medications to manage withdrawal symptoms. (WebMD, 2016)

- Suboxone (buprenorphine/naloxone) is a prescription medication that can be used to manage withdrawal symptoms. It is typically administered in a controlled setting and is often used in conjunction with other medications to manage withdrawal symptoms. (WebMD, 2016)

TREATMENT FOR HEROINE/OPIOID WITHDRAWALS

- Narcotic Antagonists (NA) is a method of treatment for heroin addiction. It involves administering a narcotic antagonist (NA) to help reduce the severity of withdrawal symptoms. (WebMD, 2016)

TREATMENT CONTINUED:

- Narcotic Antagonists (NA) is a method of treatment for heroin addiction. It involves administering a narcotic antagonist (NA) to help reduce the severity of withdrawal symptoms. (WebMD, 2016)

- Material: We recommend participation in a 12-step program or treatment of Codependent. Some material that is an important component of a 12-step program includes:
  - Cognitive-behavioral therapy
  - Motivational interviewing
  - Family and couple therapy (WebMD, 2016)
Appendix D

Institutional Review Board Written Approval

4.22.16
IRB Review
Proposal Title: Effect of substance abuse lecture on baccalaureate nursing students’ attitude toward opioid addicted patients
Principal Investigator: Greenwood
New application for Nursing

Dear Denise,
Thank you for submitting your application “Effect of substance abuse lecture on baccalaureate nursing students’ attitude to the CSU-Pueblo IRB for review. This application has been reviewed according to the policies of this institution and applicable federal regulations. The review category for this application is Exempt, 1. This letter serves as notification that you now have IRB approval for a period of 12 months from the date of this letter. The expiration date for your approval is 4.22.17. Once human research has been approved, it is the Principal Investigator’s responsibility to report any changes in research activity related to the project, including revisions or amendments, serious adverse consequences, renewal or completion. If you have any questions, please contact me at barbara.bretgreen@csupueblo.edu. Thank you for your concern regarding the protection of human subjects, and good luck with your research.

Best regards,

Barbara Brett, Ph.D.
IRB Chair
Appendix E

Curriculum Vitae

Denise Greenwood
RN/BSN/MS in Nursing
COLORADO STATE UNIVERSITY-PUEBLO
August 2016

Business Address:  Home Address:
12400 High Bluff Drive  734 S. Legend Lane
San Diego, CA  92130  Pueblo West, CO  81007
1-800-282-0300  (719) 671-1961

EDUCATION

Masters of Science in Nursing Graduated 2016
   Effect of Substance Abuse Lecture on Baccalaureate Nursing Students’ Attitudes
   Toward Opioid-Addicted Patients
   Nurse Education

Bachelor of Science in Nursing Graduated 2001

Bachelor of Science in Chemistry and Biology Graduated 1995

High School Diploma Graduated 1989

TEACHING / LIBRARY EXPERIENCE

Dates:  January 2012-January 2015
Colorado State University – Pueblo
   Clinical Instructor for Cardiac, Telemetry, Emergency Services, and Intensive Care Services

RESEARCH EXPERIENCE / SCHOLARLY OF CREATIVE ACTIVITIES
Thesis for Masters of Science in Nursing - 2016
SERVICE / PROFESSIONAL ACTIVITIES

Sigma Theta Tau
Volunteer at the Caring Pregnancy Center